

<b>Case Number:</b>	CM14-0035089		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old male who reported an injury to his low back and right lower extremity. The agreed medical evaluation dated 02/29/12 indicates the injured worker injured his low back and right heel due repetitive climbing and descending stairs. The note indicates the injured worker's past medical history is significant for a trimalleolar fracture of the right ankle from an injury in 1993 resulting in an ORIF (Open Reduction and Internal Fixation). The clinical note dated 03/06/13 indicates the injured worker having a prolonged history of back pain. The injured worker stated there was no inciting injury; however, the injured worker identified a gradual onset and worsening of low back pain over a several years' time. The injured worker was able to demonstrate 26 degrees of lumbar flexion and 5 degrees of extension with 11 degrees of right side bending and 9 degrees of left side bending. There is an indication the injured worker has previously undergone an EMG study of the lower extremities which revealed radiculopathy. However, no specific distribution was identified regarding the radiculopathy findings. The utilization review dated 02/18/14 resulted in a denial for an MRI of the lumbar spine as no information had been submitted regarding the injured worker's clinical findings consistent with radiculopathy findings. The clinical note dated 03/12/14 indicates the injured worker continuing with complaints of low back pain. There is an indication according to the note that the injured worker underwent an MRI of the lumbar spine on 01/12/12 which revealed a disc protrusion at L4-5 with lateral recess stenosis and possible mass effect upon the L5 and S1 nerve roots. The clinical note dated 03/12/14 indicates the injured worker continuing with pain at 7-8/10 on the visual analog scale pain at the low back. No radiation of pain was identified into the lower extremities. The injured worker reported no changes in his bowel or bladder function. The injured worker also denied saddle anesthesia. No significant findings were indicated with strength or sensation deficits.

## **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI of the lumbar spine x1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment: Integrated Treatment/ Disability Duration Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4.

**Decision rationale:** The documentation indicates the injured worker complains of low back pain. Recent clinical notes indicate the injured worker having no complaints of radiating pain, changes with bowel or bladder issues, or findings consistent with radiculopathy. Additionally, no saddle anesthesia was identified. Given that no information was submitted regarding the injured worker's significant complaints of neurologic deficits associated with the lumbar region, this request is not indicated as medically necessary, per MTUS ACOEM Practice Guidelines.